The subject of this case was æt. 23, tall, thin, and feeble constitution, who was delivered of her first child August 3d, 1869, under the care of Dr. Merriman, after a natural but somewhat protracted labour. The after-birth was adherent, the cord very small and tender. The child was a female, weighing six pounds. Five days after confinement Dr. M. was called in to see his patient on account of some difficulty she experienced in voiding her urine, and while introducing the catheter he discovered the inverted uterus low in the vagina. The next day I was called in consultation. Up to this time there had been considerable flooding and much uneasiness on the part of the patient, but not sufficient to create much alarm. Dr. Taggart being also subsequently called in consultation, he advised an operation to restore the organ, to which a cordial consent was given on the part of all the physicians present, and the patient and her friends. Therefore, on the seventh day after confinement, Dr. Taggart, assisted by Drs. Strong, Merriman, and myself, made an unsuccessful attempt to restore the organ under the influence of ether, which lasted about one hour, but without success, owing to the too rigid contraction of the circular fibres of the neck of the uterus. The rubber-bag pessary was introduced, an anodyne administered, and the patient placed in bed quite exhausted. Ten days after the operation I was called in to see both mother and child. The mother was quite feeble, and was labouring under a severe cough; had had but little flooding, and the condition of the womb remained unchanged; she nursed the babe, which had diminished in weight from six to three pounds. After making three or four visits both appeared much better, and I discontinued my attendance. She began to stand alone and walk a little four weeks after the operation, but without any apparent change in the condition of the womb. About this time she removed to a distant part of the city, and I did not see her again until the 1st of October, nearly two months after her confinement, when I found by an examination per vaginam that the uterus was completely restored to its normal character.

According to my advice and instruction she had watched the progress of events as well as she could. About six weeks after delivery she noticed a change was taking place. The tumour was evidently rising high and diminishing in size, and this change continued to go on until she could not feel the tumour. So between the sixth and eighth week after delivery nature restored the uterus without external aid. After weaning the child the catamenia appeared and she menstruated for two years thereafter and until her death, which occurred some six weeks ago of pulmonary hemorrhage. Her lungs were unusually tuberculated.

Taking the history of this case in connection with the new doctrine of *post-partum* involution by fatty degeneration, the probability is there would be but little difficulty in returning the womb at or about the sixth or seventh week post-partum, for at this time the fibres have but little contractility or power of resistance, and the body of the organ could be pretty readily passed through the neck by the hand and plug operation.

Absorption by Suppurating Surfaces. By A. YOUNG, M.D., of Prescott, Pierce County, Wisconsin.

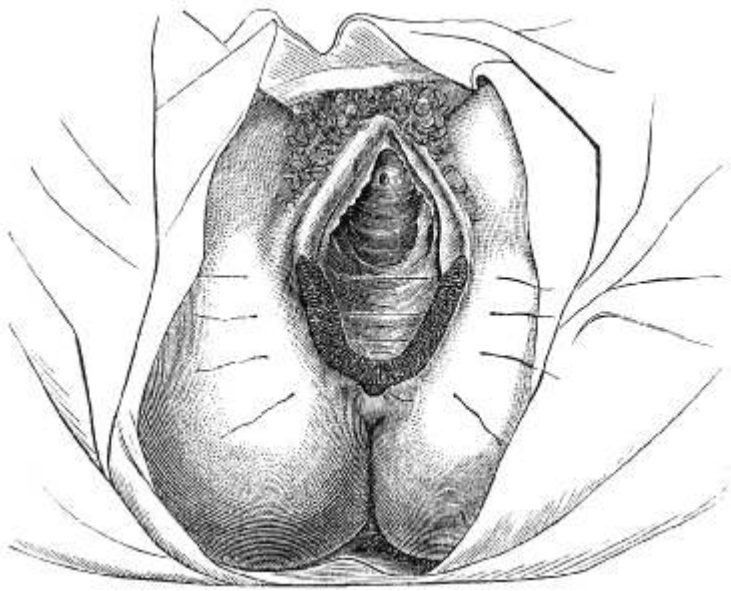
In the number of the *American Journal of the Medical Sciences* for July, 1873, page 140, Dr. John Ashhurst, Jr., in an article on iodoform, expresses his "doubts whether drugs are absorbed to an appreciable amount by suppurating surfaces." As bearing upon this subject, and for the benefit of those who might be led by so high an authority to omit due

caution in the external use of active drugs, I desire to state that recently in a case of a severe and painful suppurating burn, occurring in a woman, I ordered an ointment containing fifteen grains of powdered opium to the ounce. This was applied more freely than I anticipated, probably two ounces being used in the dressing, and within twelve hours narcotism was developed to such a degree as to seriously endanger life.

DOMESTIC SUMMARY.

Treatment of Laceration of the Female Perineum.—Prof. D. HAYES AGNEW (*American Supplement to the Obstetrical Journal of Great Britain and Ireland*, June, 1873) speaks, after further experience, with great confidence of the value of his operation described in 1867 (*Pennsylvania Hospital Reports*) for the cure of lacerations of the female perineum. "The chief points," he says, "of practical interest are the closure of the recto-vaginal septum, and the restoration of the perineal continuity at a single operation; the use only of the interrupted wire suture, and no lateral division of the sphincter, as advocated by some surgeons. The plan of treatment is as follows:—

"The bowels are freely moved early in the day previous to the operation, and, after the action of the medicine, one or two grains of opium are administered, in order to prevent the descent of feculent matter into the rectum. After etherization, the patient is placed on the back, in the lithotomy position, the limbs supported by assistants, and the sides of the laceration denuded to the extent of one inch in breadth, removing the thinnest possible layer of tissue. Next, the recto-vaginal septum is freshened. This is sometimes best



done with the scissors. This constitutes the first stage of the operation. The second consists in the closure of the parts. A long needle, supported on a handle—the eye being near the extremity—is armed with an iron thread, which has been well coated with silver. I use for the first suture iron, in order that